



595179

Site Name: Unit 1207  
CERCLIS #: MA0985300805  
TDD #: 9202-20-ATP  
Charge #: 1-636-010-0-1718-9  
Assignment Date: September 18, 1993

[illegible]

**FILE COPY**

PRELIMINARY ASSESSMENT  
UCINITE CORP./DOT CORP.  
NEWTON, MASSACHUSETTS

**150836**

MAD985300805

**TASK WORK PLAN**

Prepared for

U.S. ENVIRONMENTAL PROTECTION AGENCY  
Region I  
90 Canal Street  
Boston, Massachusetts 02203-2211

Work Assignment:	09-1JZZ
EPA Region:	I
Contract No.:	68-W9-0033 (ARCS)
TRCC Document No.:	A92-1402
TRCC Project No.:	1-636-010-0-1J18
TDD No.:	9202-20-ATP
TRCC Work Assignment Manager:	Diane Stallings
TRCC Task Manager:	Catherine Gabis
Telephone No.:	(508) 970-5600
EPA Work Assignment Manager:	Sharon Hayes
Telephone No.:	(617) 573-5709
Date Prepared:	October 14, 1992
Revision:	0

TRC COMPANIES, INC.  
Boott Mills South  
Foot of John Street  
Lowell, Massachusetts 01852-1124  
(508) 970-5600

## **TASK SUMMARY**

### **Site Description**

The DOT Corporation, a division of the TRW Corporation, was once located on the property at 320 Nevada Street in Newton, MA. This division bought out United-Carr Corporation in 1968, United-Carr and DOT Corporation operated on the site from 1938 to 1983. The division manufactured and plated metal fasteners and small machine parts. Prior to 1938, the site was owned by the Silver Lake Company, a cordage (rope) maker from 1860-1928. The Silver Lake Company built the main building (the Old Mill) in 1860. Other buildings on the site include a two-story assembly building facing Watertown Street and a one story warehouse behind (east) of the main building. The building is on a paved parking lot, part of which was made by filling most of Silver Lake in 1952.

Wastes generated at the site are related to metal plating processes. Known contaminants included lead, zinc, copper, nickel, cadmium, silver and cyanide (from the walls of the metal plating room), as well as trichloroethene from a 1500-gallon aboveground tank once located next to the Mill building. Most of the wastes were derived from the materials remaining in the former metal plating rooms, including metal sludge in the floor drains and water and sludge in a 2½ foot diameter, 15-foot deep cistern located in a sealed room. The 150-foot deep contact wash water well in the warehouse has been found to be contaminated with trichloroethene. Soil samples collected onsite were found to be contaminated with vinyl chloride and methylene chloride.

### **Previous Work Performed at the Site**

A Preliminary Assessment was done on July 10, 1984 by the former Massachusetts Department of Environmental and Quality Engineering (DEQE), presently known as the Department of Environmental Protection. The site investigation began as a result of an investigation conducted prior to the sale of the property in 1982. The DEQE supervised a site investigation and remediation by Camp, Dresser and McKee in 1984. Site remediation involved dredging the floor drains and cistern in the metal plating rooms and removing the metal sludge, pumping 700 gallons of water from the cistern, sand blasting the walls of the metal plating rooms and steam cleaning them and capping the contact wash water well. The floor drains and cistern were filled with peastone. In addition, the 1500 gallon trichloroethene tank was cleaned and removed.

Other work done at the site included a geophysical survey of the filled section of Silver Lake. Weston Geophysical conducted a ground-penetrating radar survey across the site to identify buried wastes. The areas of the most intense reflections were excavated with a backhoe. No evidence of buried wastes of any kind were found. In 1985, the DEQE removed the site from its "List of Sites to be Investigated" and assigned it No Further Action Status.

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Documents prepared related to this site include:

- "Site Investigation, TRW Manufacturing Facilities, Newton, Massachusetts," prepared by EG&G Consultants, Waltham, MA, November, 1982.
- "Geophysical Survey, TRW Site, Newton, Massachusetts," prepared by Weston Geophysical Corporation, Westborough, MA, August 1, 1984.
- "Summary Report of CDM Findings," a letter report, dated August 13, 1984, by Camp, Dresser and McKee, Inc., Boston, MA.
- "Preliminary Assessment, TRW DOT Division," July 10, 1984, conducted by John Fitzgerald, Massachusetts Department of Environmental and Quality Engineering. (CERCLIS No.: MAD001032671).

### **Trip Objective**

TRCC personnel will conduct a site reconnaissance at the site in order to determine current site conditions on the property and identify any possible source areas that may exist at the site.

### **Personnel**

#### **FIELD TEAM**

Catherine Gabis  
John Nelson

Task Manager  
Site Health and Safety Coordinator

#### **CONTACTS**

EPA Work Assignment Manager:	Sharon Hayes	Phone: (617) 573-5709
EPA Site Assignment Manager:	Nancy Smith	Phone: (617) 573-9697
MADEP Contact:	Harish Panchal	Phone: (617) 556-1118

### **TECHNICAL APPROACH**

Onsite reconnaissance will be conducted at the site by TRCC personnel. To the extent possible, the following information will be verified/ascertained and recorded in the field logbook during field activities:

1. Verify location of the property on the USGS map.
2. Monitor ambient air quality in accordance with the Health and Safety Plan.
3. Make a Site Sketch of the property. Include the following:

- structures on the property
  - processes and chemicals used at the site
  - primary point of access to the property
  - barriers to the property access (i.e., fences)
  - source area(s)
  - vegetation
  - wetlands
  - roads, driveways, parking lots (the general extent of paving)
  - Command Post location
  - waste storage area
  - sumps, storm drains, drywells, and other drainage features
  - surface water bodies
  - nearest residence
  - wells onsite or in close proximity to the property
4. Locate and identify source area(s) on the property.
    - Determine the approximate physical dimensions or volume of the source area(s).
    - Note any containment features which would prevent migration from source area(s) to ground water, surface water, air, or soil.
    - Note quantity, contents (if labeled), and condition of any drums, containers, or tanks.
  5. Determine drinking water supply source for the property.
  6. Determine water supply source for nearest occupied residence to the property.
  7. Locate the nearest private drinking water supply well to the source area(s).
  8. Locate and note the condition of all onsite ground water monitoring wells.
  9. Determine surface water flow on the property. Determine surface water pathway(s) from source area(s). Note distances along sections of the pathway(s). If storm drains are located on the property or along the surface water pathway, estimate distances traveled through these systems and locate discharge points to surface water. Follow the surface water pathway(s) to the first surface water body identified on the USGS map of the area.
  10. Note any surface water bodies or possible wetlands on the property and their relationship to the surface water pathway.
  11. Determine distance from the source area(s) to the nearest occupied residence to the property.

12. Look for evidence of surficial soil contamination such as leachate outbreaks, stained soil, or stressed vegetation.
13. Determine the number of workers on site.

## **DECONTAMINATION**

Personnel decontamination will be conducted in accordance with ARCS QA Program and the attached site specific HASP.

## **DOCUMENTATION**

All field observations will be recorded in indelible ink in the field logbook, including any deviations from the Task Work Plan. Photographs will be taken to document site conditions, and photo locations will be recorded on the site sketch in the field logbook.

## **SAFETY CONSIDERATIONS**

Safety hazards associated with this site involved the potential presence of residual metal-contaminated soils and trichloroethane in the vicinity of monitoring wells located at the site. According to the site owner, the entire property is paved; however, care will be taken to avoid possible hazards onsite.

**TRC Companies, Inc.**

**Preliminary Assessment  
Site Health and Safety Plan**

**Site Name:** Ucinite Corp./DOT Corp.

**CERCLIS #:** MAD985300805

**TDD #:** 9202-20-ATP

**Date Prepared:** October 13, 1992

This Site Health and Safety Plan (HASP) has been developed to provide TRC Companies, Inc. (TRCC) personnel working at the Ucinite Corp./DOT Corp. site with information which will be used to ensure their personal protection from exposure to contamination or other health and safety hazards while engaging in preliminary assessments. This SSP draws from information contained in the TRCC Corporate Health and Safety Plan and has been developed in accordance with applicable state and federal requirements including appropriate provisions of OSHA Regulations (29 CFR Part 1910).

A copy of this SSP will be given to each field team member before field work commences. Any deviations from the TRCC SSP will be noted in the field logbook.

**Site/Project Information**

Site/Project Name: Ucinite Corp./DOT Corp.

Site ID No. MAD985300805

Site/Project Address: 320 Nevada Street  
Newton, MA 02158

Site/Project Telephone: (617) 332-8346

Site Contact: Mr. Joseph Biotti

**Site/Project Description**

The site at 320 Nevada Street, Newton, MA consists of a large four-story renovated mill building surround on all sides by a paved parking lot. It was formerly the location of a metal parts manufacturing and plating company owned by TRW Corporation. It is now occupied by small businesses in subdivided office space. The basement of the building was the location of the metal plating rooms containing most of the onsite metal sludge waste.

The purpose of the Preliminary Assessment is to establish current site conditions and note any locations that have not been addressed in previous site work as potentially contaminated areas. The site also once had a 1500 gallon tank containing trichloroethene.

**TRCC Personnel****Program Health and Safety Officer:**

Naida Gavrelis

**Company Health and Safety Coordinator:**

Debra Mizia

**TRCC Work Assignment Manager:**

Diane Stallings

**Onsite Health and Safety Coordinator:**

John Nelson

**Task Manager:**

Catherine Gabis

**Responsibilities of Workers**

All TRCC field team members are charged with the responsibility of following this Health and Safety Plan. Field team members are required to:

- Sign HASP acceptance form (see Attachment A).
- Know and observe all plan safety requirements, warning signals, and emergency procedures.
- Be familiar with TRCC, EPA, and OSHA safety requirements, procedures, and policies applicable to site activities as communicated to them by TRCC managers and safety personnel.
- Remain current in safety practices and procedures by participation in the required safety training and general procedures used for radiation safety including but not be limited to the understanding of contamination control, external and internal exposure, monitoring and survey techniques, and action levels.
- Use any safety equipment required by the EPA and/or TRCC.
- Use safety equipment in accordance with EPA and OSHA guidance and labeling instructions.
- Maintain safety equipment in good condition and proper working order.
- Dress appropriately for each project activity, including protective clothing, if required.
- Report unsafe acts or unsafe conditions to the Program Health and Safety Officer as soon as they become aware of them.

- Report any changes in work conditions or deviations in procedures outlined in this Health and Safety Plan to the Program Health and Safety Officer.

**Training/Medical Monitoring Status**

TRCC personnel are required to have undergone an extensive medical examination by a board certified occupational physician to determine fitness/ability to safely perform work tasks.

TRCC personnel are also required to have completed a 40-hour OSHA training, three days of supervised field training; and annual refresher training.

**Hazard Assessment** (toxic effects, operational hazards, noise, decontamination, physical, mechanical, geographical or equipment hazards, contaminated media, storage containers, gaseous mists, etc.)

Check the known or suspected hazards and describe in more detail below.

Chemical        X    
Biological             
Radiological           
Physical        X   (Heat and cold stress are discussed on pages 9-12)

**Known Hazards (be specific) (Task Work Plan may be referenced/attached if detailed)**

Hazards once present at the site and potentially still present include: lead, cadmium, copper, zinc, nickel, sludge, trichloroethene, vinyl chloride, methylene chloride and cyanide. These have all reportedly been removed; however some residual materials may still be present. Hazards associated with traffic in a parking lot should also be avoided.

**Suspected Hazards (be specific)**

Residual metal sludge materials, trichloroethene, vinyl chloride and methylene chloride may still be present on site.

**Radiation Hazard:** Radiation monitoring equipment will be used if radiation is known or suspected on site. If ionizing radiation is detected at two times background levels, withdraw from site immediately and contact the Project Manager.

**Confined Space:** No confined space entry will be performed during Preliminary Assessments.



**Emergency Services**

<b>Location</b>	<b>Telephone</b>
Emergency Medical Facility:	
St. Elizabeth's Hospital North Beacon Street Brighton, MA	617-789-2700
Ambulance Service:	911
Fire Department:	911
Police Department:	911
Poison Control Center:	(800) 336-6997
National Response Center:	1-800-424-8801
TSCA Hotline:	(202) 554-1404
CDC (Center for Disease Control):	(404) 454-4100 (24 hours) or (404) 329-2888
Pesticide Information Center:	1-800-845-7633
Chemical Manufacturers Association: Chemical Referral Center	1-800-262-8200
RCRA Hotline:	1-800-424-9346

*Directions to hospital are provided in Figure 1.*

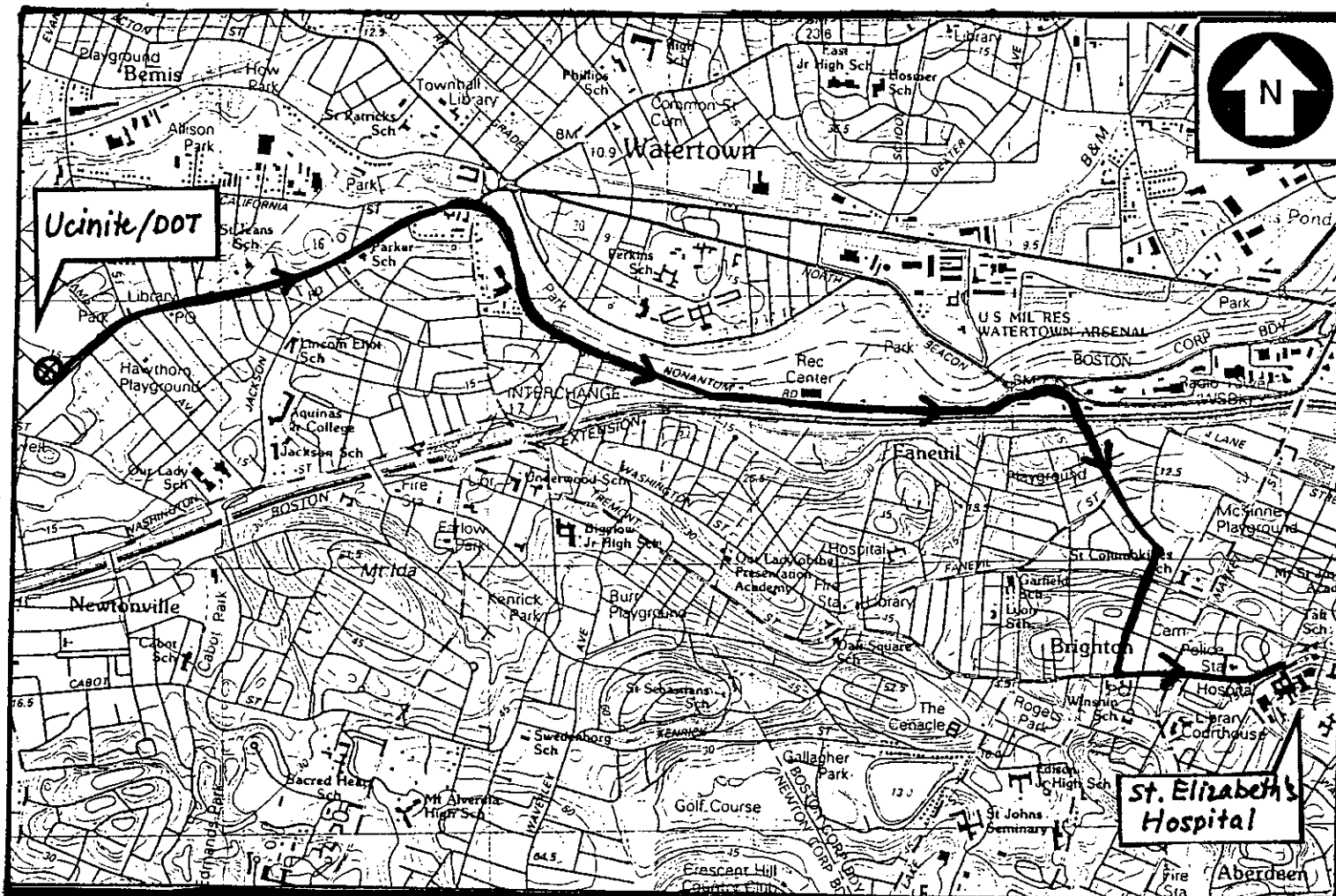
Map is posted: inside the vehicle.

**Emergency Procedures**

TRCC personnel will become familiar with facility emergency procedures prior to conducting the preliminary assessment. In the event of *any* incident involving TRCC personnel, the OHSC will immediately notify the company Health and Safety Coordinator. Injury report forms must also be completed and are included as Attachment C to this HASP. The reconnaissance team will review evacuation route prior to site inspection.

In the event of overt personnel exposure (skin contact, inhalation, ingestion):

Hospital Route: Turn left onto Route 16 (Watertown Street). Follow Route 16 to the major intersection with Galen Street near Watertown Square. Go **straight** (continuing on Route 16 to Nonantum Road). Go down Nonantum Road through one set of lights, then take a right at the next set of lights, onto Parker Street. Follow that through 2 sets of lights until the end. Take a left onto North Washington Street. Follow N. Washington Street 2-3 blocks, the hospital is evident on the right side.



**HOSPITAL ROUTE**  
*St. Elizabeth's Hospital*  
*Brighton, Mass.*

**TRC** Companies, Inc.

Figure 1.

Remove victim from source of contamination immediately. Remove contaminated clothing, decontaminate. Transport the victim to nearest medical center for further attention.

In the event of personnel injury:

Move victim only if necessary to prevent further injury or death. Notify OHSC immediately. OHSC will notify rescue services.

In the event of potential or actual fire, explosion or release. Evacuate site immediately. All personnel will assemble at site entrance or facility designated assembly location. OHSC will follow facility emergency procedures.

Evacuation assembly location: in the parking lot in front of the Mill building, near the vehicle.

### *Heat Stress*

If work occurs during the warmer months of the year, the potential for excessive heat exposure exists. Field personnel must be familiar with the signs and treatment of heat stress (hyperthermia) and heat stroke if work occurs during excessively high temperatures.

To prevent heat fatigue, TRCC personnel will be encouraged to maintain an optimal level of physical fitness, and to maintain body fluids at normal levels. Workers will be encouraged to drink water before beginning work and frequently during the day. In order to maintain proper water balance, daily fluid intake must approximately equal the amount of water lost by perspiration. Generally, the normal thirst mechanism is not sensitive enough to ensure that enough liquid is drunk to replace fluid lost through perspiration. Therefore, TRCC workers will be encouraged to drink at least 16 oz of water before beginning work. Fluids will be readily available to all workers. TRCC field members will be urged to drink 8 to 16 oz every 20 minutes or at each monitoring break. A total of 1 to 1.6 gallons of fluid per day is recommended, however more may be necessary depending upon individual weight fluctuations and metabolism. It should be noted that ingestion of liquids will not be permitted in any contaminated areas. Workers must go through proper decontamination before obtaining the necessary liquids except in an emergency situation.

The following summarizes the symptoms and treatment for the three types of heat related illness: heat exhaustion, heat cramps and heat stroke.

### *Heat Exhaustion*

General weakness

Excessive perspiration

Pale moist skin  
Weak pulse

### *Heat Cramps*

Pain in hands, feet, and abdomen  
Muscle spasms

If an individual shows any sign of heat cramps or heat exhaustion, place him/her in a cool place and have that person remove as much clothing as possible. The individual should be given cool liquids to drink. If signs of shock appear, the individual should be taken to the nearest medical facility immediately.

### *Heat Stroke*

Muscle Twitching  
Dry hot skin  
Flushed appearance  
High body temperature  
Loss of consciousness  
Erratic breathing  
Dilated pupils  
Strong rapid pulse

Heat stroke is a serious condition which requires prompt treatment. If symptoms of heat stroke are ignored the individual could suffer serious brain damage or death. The individual exhibiting signs of heat stress will be immediately transported to a medical facility. In the interim, the individual's body temperature should be reduced by placing cool compresses under the arms, and around the neck and ankles of the individual. Steps should be taken to protect the individual from injury if convulsions occur.

### *Cold Stress*

If work occurs in the colder months of the year, the potential for excessive cold exposure exists. Field personnel must be familiar with the signs and treatment of frostbite and hypothermia if work occurs during excessively low temperatures.

There are two factors that affect the potential development of cold weather injuries: ambient temperature and the velocity of the wind. The wind chill factor is the value used to estimate the equivalent temperature resulting from the combination of ambient temperature and wind speed. It is recommended that exposure should not occur at or below a wind chill factor of -32°C (-25.6°F) (ACGIH, 1991-1992). Severe injuries may result from continuous exposure to temperatures below this value. In fact, superficial or deep local freezing can occur at -1°C

regardless of wind speed. If the equivalent temperature reaches  $-32^{\circ}\text{C}$  ( $-25.6^{\circ}\text{F}$ ), work activities will cease and TRCC personnel will be moved to a warm shelter. Field activities may recommence when the temperatures exceeds  $-32^{\circ}\text{C}$ .

Adequate insulating dry clothing will be provided to TRCC personnel if work is performed at temperatures below  $4^{\circ}\text{C}$  ( $40^{\circ}\text{F}$ ). Cold protective clothing will include, as necessary, a windbreak garment, water-resistant or water-repellant outerwear, insulating boots, and insulating gloves. Outer garments will include provisions for easy ventilation in order to prevent wetting of inner layers by sweat. TRCC personnel will be instructed to wear inner clothing in layers and to a degree that will ensure their warmth without causing excessive sweating. TRCC personnel will be instructed to bring a dry change of clothes to the site so they may change if their clothing becomes wet either from sweat or an external source such as rain.

If work is performed at equivalent temperatures (wind chill factor) at or below  $-7^{\circ}\text{C}$  ( $19.4^{\circ}\text{F}$ ), arrangements should be made with the facility contact to ensure prolonged outdoor activities are minimized and to ensure that a heated warming shelter is provided. The onset of heavy shivering, frostnip, the feeling of fatigue, drowsiness, irritability, or euphoria are indications for immediate return to the shelter. Outer garments will be removed prior to entering the shelter and inner garments should be loosened to permit sweat evaporation. If necessary, a change into dry clothing will be required. TRCC personnel may exit the shelter and don outer garments after being thoroughly warmed at their own discretion. TRCC personnel will be encouraged to consume warm sweet drinks and soup substances frequently to provide caloric intake and fluid volume. It should be noted that consumption of these substances will not be permitted in contaminated areas. Workers must go through proper decontamination before obtaining the necessary liquids, except in an emergency situation.

### *Frostbite*

Frostbite is a generic term used to describe various degrees of local injury resulting from cold exposure. Frostnip or incipient frostbite is characterized by sudden blanching or whitening of the skin. Superficial frostbite results in firm, waxy or white skin with the tissue beneath remaining resilient. Deep frostbite results in cold, pale, and solid tissues. If any indications of frostbite occur, the individual should be moved to a warm shelter, given a warm drink, and the affected area rewarmed quickly without rubbing as rubbing may cause more damage. The preferred method of rewarming is placing the affected area in a warm, but not hot, water bath and bringing the water temperature up to  $102\text{--}105^{\circ}\text{F}$ . If warm water is not available or practical, the affected area should be gently wrapped in a sheet or warm blanket. The area should be rewarmed until it becomes flushed and then rewarming should be immediately discontinued as swelling develops rapidly. Once the affected area is rewarmed, the individual should exercise it. If numbness and/or pain does not subside and if deep frostbite is evident, medical attention should be obtained as soon as possible.

*Hypothermia*

Hypothermia is a fall in the deep core temperature of the body. Its symptoms are usually exhibited in five stages:

1. severe shivering;
2. apathy, listlessness, sleepiness, and (sometimes) rapid cooling of the body to less than 95°F;
3. unconsciousness, glassy stare, slow pulse, and slow respiratory rate;
4. freezing of the extremities;
5. death.

If any indications of hypothermia occur, the individual should be moved to warm area and rewarmed quickly by wrapping him/her in warm blankets or by placing him in a warm but not hot tub. Any wet, frozen and/or constricting clothing should be removed. If the individual is conscious, he should be given hot liquids. Artificial respiration should be provided if necessary. Medical attention should be obtained as soon as possible.

**Appropriate Literature Citations**

29 CFR 1910.120, *Federal Register*, Vol. 54, No. 42, March 6, 1989, Hazardous Waste Operations and Emergency Response (OSHA).

U.S. Department of Health and Human Services, *Occupational Safety and Health Guidance Manual for Hazardous Waste Site Activities*, (NIOSH/OSHA/USCG/EPA), October 1985.

U.S. Environmental Protection Agency, *Standard Operating Safety Guide*, June 1992.

U.S. Department of Health and Human Services, *NIOSH Pocket Guide to Chemical Hazards*, June 1990.

ACGIH, *Threshold Limit Values and Biological Exposure Indices for 1991-1992*, 1991.

**Attachment A****Health and Safety Plan Acceptance**

I have received a copy of the Health and Safety Plan for the Ucinite Corp./DOT Field Activities. I have read, understand and will abide by the procedures set forth in this Health and Safety Plan and any amendments to this plan.

<b>Printed Name</b>	<b>Signature</b>	<b>Date</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Attachment B**

**Site Safety Log**

Project Name:

Project Number:

Date:

Time:

Weather:

Site operations today:

TRCC personnel on-site:

Types of hazards encountered (chemicals, heights, machinery, etc.):

Comments:

Completed by:

\*Site Log may be used in lieu of this form. However, information listed above must be entered in Site Log.

**Attachment C**  
**Accident Report Forms**



# The Commonwealth of Massachusetts

## DEPARTMENT OF INDUSTRIAL ACCIDENTS

### EMPLOYER'S NOTIFICATION TO INSURER OF MEDICAL ONLY INJURIES

If An Injury Has Resulted in 5 or More Lost Work Days,

File "Employer's First Report of Injury", Form 101

DO NOT File This Form With

The Department of  
Industrial Accidents

PLEASE PRINT OR TYPE:

EMPLOYEE	1. Employee Name (Last, First, MI)		2. Home Telephone ( ) -		3. Social Security Number**	
	4. Home Address (No. & Street, City, State, Zip Code)		5. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married		6. No. of Dependents	
	7. Date of Hire (MM/DD/YY): / /		8. Date of Birth (MM/DD/YY): / /		9. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
	11. Piece or Hourly Worker? <input type="checkbox"/> Piece <input type="checkbox"/> Hourly		12. Hours Worked Per Day		13. Days Worked Per Week	
				14. Avg. 52-Week Wage: \$ <input type="checkbox"/> Estimated or <input type="checkbox"/> Actual		
EMPLOYER	15. Employer Name		16. Employer Self-Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No		17. Federal Tax ID	
	18. Employer Address (No. & Street, City, State, Zip Code)		19. Employer Telephone ( ) -		20. Industry Code	
	21. Insurance Carrier: Name and Address of Branch Responsible for This Case (Not Local Agent or Adjuster)					
	22. Worker's Compensation Policy Number		23. OSHA Case File Number (if applicable)			
INJURY INFORMATION	24. Date of Injury (MM/DD/YY): / /		25. Time of Injury : <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		26. Source of Injury (e.g., Machine, Tool, Substance, etc.)	
	27. Address Where Injury Occurred (if different from #18 above)		28. On Employer's Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		29. Employer Location Code	
	30. Regular Occupation		31. Regular Occupation When Injured? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	32. To Whom Was Injury Reported?					33. Date Reported (MM/DD/YY): / /
	34. Nature of Injury(ies) (Burn, Fracture, Cut, etc.)					
	35. Injured Body Part(s) Description (Arm, Leg, Back, etc.)					
	36. Physician Name and Address					
	37. Hospital Name and Address					
	38. Describe How Injury Occurred (e.g., Struck by....., Fell from....., Exposed to...)					
	39. If Employee Has Returned to Work, Date of Return (MM/DD/YY): / /		40. Returned to Regular Occupation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
41. Preparer's Name (Please Print or Type)			42. Preparer's Title			
43. Preparer's Signature			44. Date Prepared (MM/DD/YY): / /			

\* Disclosing Social Security Number is voluntary.

## The Commonwealth of Massachusetts

DEPARTMENT OF INDUSTRIAL ACCIDENTS - Department 101  
600 Washington Street - 7th Floor, Boston, Massachusetts 02111

## EMPLOYER'S FIRST REPORT OF INJURY

Do Not File This Form Unless An Injury  
Has Resulted in 5 Or More Lost Work DaysDIA NO: \_\_\_\_\_  
FOR OFFICE USE ONLY

INSTRUCTIONS AND CODES ARE ON THE REVERSE SIDE. PLEASE PRINT OR TYPE:

EMPLOYEE	1. Employee Name (Last, First, MI)		2. Home Telephone ( ) -		3. Social Security Number *	
	4. Home Address (No. & Street, City, State, Zip Code)		5. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married		6. No. of Dependents	
	7. Date of Hire (MM/DD/YY) / /	8. Date of Birth (MM/DD/YY) / /	9. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		10. Hourly Wage	
	11. Piece or Hourly Worker? <input type="checkbox"/> Piece <input type="checkbox"/> Hourly	12. Hours Worked Per Day	13. Days Worked Per Week		14. Avg. 52-Week Wage: \$ <input type="checkbox"/> Estimated or <input type="checkbox"/> Actual	
EMPLOYER	15. Employer Name		16. Self-insured? <input type="checkbox"/> Yes <input type="checkbox"/> No		18. Federal Tax ID	
	19. Employer Address (No. & Street, City, State, Zip Code)		17. Self-Insurer No.: _____		21. Industry Code (See Back of Form)	
	22. Workers' Compensation Insurance Carrier: Name and Address of Branch Responsible for This Case (Not Local Agent or Adjuster)					
	23. Workers' Compensation Policy Number		24. OSHA Case File Number			
INJURY INFORMATION	25. Date of Injury (MM/DD/YY) / /		26. Time of Injury <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		27. If Injured Has Died, Enter Date of Death (MM/DD/YY) / /	
	28. Address Where Injury Occurred (If Different From #19 Above)		29. On Employer's Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		30. Employer Location Code	
	31. Did Employee Lose More Than 4 Hours of Work on Date of Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No		32. Has Employee Lost 5 Days of Work? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No", DO NOT file this form.)			
	33. First Lost Work Day (MM/DD/YY) / /		34. Fifth Lost Work Day (MM/DD/YY) / /			
	35. Source of Injury or Illness (e.g., Machine, Tool, Substance, etc.)		36. Regular Occupation		37. Regular Occupation When Injured? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	38. To Whom Was Injury or Illness Reported?				39. Date Reported (MM/DD/YY) / /	
	40. Nature of Injury(ies) or Illness (Burn, Fracture, Cut, etc.)		41. Nature of Injury or Illness Code(s) (See Back of Form)		a.	b.
	42. Injured Body Part(s) Description (Arm, Leg, Back, etc.)		43. Body Part Code(s) (See Back of Form)		a.	b.
	44. Physician Name and Address		45. Hospital Name and Address			
	46. Describe How Injury or Illness Occurred (e.g., Struck by _____, Fell from _____, Exposed to _____).					
47. If Employee Has Returned to Work, Date of Return (MM/DD/YY) / /			48. Returned to Regular Occupation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
49. Preparer's Name (Please Print Or Type)			50. Title			
51. Preparer's Signature					52. Date Prepared (MM/DD/YY) / /	

\*Disclosing Social Security Number is voluntary. It will be used to coordinate all filings with the Department of Industrial Accidents and to process your report.